

FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH34293  
State File No. 342

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 342	
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pulaski</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. LENGTH OF STAY (In this place) <u>10 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Mountain</u>		2120	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospit</u>				d. STREET ADDRESS (If rural, give location) <u>6</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry</u>		a. (First) <u>Franklin</u>		b. (Middle) <u>Moreland</u>		c. (Last)	
4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>29</u> (Year) <u>52</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct. 16, 1873</u>		9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sheet Metal</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Wt. Chester Ky</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Faulder H. Moreland</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Warner</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Moreland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Moreland</u> ADDRESS <u>Mountain, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral vascular collapse</u> ANTECEDENT CAUSES Paralytic ileus & melena Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic cholecystitis and cholelithiasis</u> DUE TO (c) <u>Post op prostatectomy - 1 wk.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>10-22-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Benign prostatic hyperplasia</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>10-17</u> , 19 <u>52</u> , to <u>10-29</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>10-29</u> , 19 <u>52</u> , and that death occurred at <u>10:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>L.R. Seabaugh M.D.</u>		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>10-30-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anna</u>		24d. LOCATION (City, town, or county) (State) <u>Anna Ill</u>	
DATE REC'D BY LOCAL REG. <u>10-30-52</u>		REGISTRAR'S SIGNATURE <u>C.O. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank A. Racher</u> ADDRESS <u>Press, Ill</u>			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank A. Karcher

Licensed Embalmer No. 2103

P. O. Address 325-85t Cairo Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.